PTO/SB/17 (12-04v2)
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Fees pursuant to the Consolidated Appropriatons Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($)	**$1,100.00**

Complete if Known	
Application Number	10/639,925
Filing Date	8/12/2003
First Named Inventor	Preikzsas
Examiner Name	Toan M. Le
Art Unit	2863
Attorney Docket No.	920602-94605

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Deposit Account Number: _____ Deposit Account Name: __Barnes & Thornburg LLP__

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	FILING FEES Small Entity Fee ($)	SEARCH FEES Fee ($)	SEARCH FEES Small Entity Fee ($)	EXAMINATION FEES Fee ($)	EXAMINATION FEES Small Entity Fee ($)	Fees Paid($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims		Extra Claims	Fee ($)		Fee Paid ($)	Multiple Dependent Claims Fee ($)	Multiple Dependent Claims Fee Paid ($)
__34__	- 20 or HP =	__13__	x __$50.00__	=	__$650.00__	_____	_____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims		Extra Claims	Fee ($)		Fee Paid ($)
__4__	- 3 or HP =	__0__	x __$200.00__	=	__$0.00__

HP = highest number of independent claims paid for, if greater than 3.
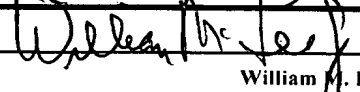
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof	Fee ($)		Fee Paid ($)
_____	- 100 =	__0__	/ 50	__0__ (round up to a whole	x __$250.00__	=	__$0.00__

4. OTHER FEE(S)

Non-English specification, $130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension fee

	Fee Paid ($)
	$450.00

SUBMITTED BY

Signature	[signature]	Registration No. (Attorney/Agent)	26,935	Telephone	312-214-4800
Name (Print/Type)	William M. Lee, Jr.			Date	March 10, 2006